

---

**DEPARTMENT  
POLICY****Medicaid Only**

This is a MAGI related Medicaid category.

Newborns who meet the eligibility factors in this item are automatically eligible for Medicaid from birth to age one.

**AUTOMATIC  
ELIGIBILITY**

A newborn is automatically eligible for MA the month of birth if, **for** his date of birth, his mother receives Medicaid coverage, regardless of when that coverage is authorized.

Eligibility continues through the month of the newborn's first birthday if he meets the MA eligibility factors in **all** of the following items:

- BEM 220, Residence.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.

A newborn who meets the above criteria is eligible for MA **without** an application or eligibility determination.

Authorize MA as soon as the minimum information needed to activate the newborn is received.

A child born to a MA beneficiary is considered a U.S. citizen. No further documentation is required.

Do **not** delay authorizing MA for newborns.

Medical providers may send local offices Facility Admission Notices (MSA-2565-C) when mothers receiving MA give birth.

Consider an MSA-2565-C received for a newborn as a report of the child's birth.

Use the information on the form to authorize MA for the child. Contact the mother if the form has insufficient information to activate the newborn in Bridges.

---

## DHHS AUTHORIZATIONS

Medical Services Administration (MSA) within the Department of Health and Human Services (DHHS) will authorize MA for a child born to an MA beneficiary when:

- The child's mother is enrolled in a managed care health plan, and
- MSA is notified of the birth, and
- The child is **not** already receiving MA.

**Note:** Do **not** wait for MSA to authorize MA when you are notified of the birth.

### Local Office Responsibilities

Eligibility specialists are responsible for taking appropriate case action even if MSA has added newborn coverage when changes, such as an address change are reported.

## RENEWAL

Determine eligibility for all other MA categories no later than the month of the child's first birthday. Proof of U.S. citizenship is not required at annual renewal.

**Note:** An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories. See BAM 115 and 220.

## LEGAL BASE

### MA

Social Security Act, Section 1902(e)(4)

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3.